MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/533563**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2		2		
4	1		1			
5						
6		3		2		
7		3		4		
8				4		
9		3				
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TOTAL IND.		⬇	2	⬇		⬇
TOTAL DEP.		⬅	22	⬅		⬅
TOTAL CLAIMS			24			

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS						